



Roles for Health and Safety Professionals in Bullying Prevention and Intervention

Health and safety professionals and volunteers are disturbed about the physical and psychosocial harm experienced by many youth as a result of bullying by their peers.

Bullying among children is aggressive behavior that is persistent, intentional, and involves an imbalance of power or strength. Bullying can take many forms such as: hitting or punching (physical bullying); teasing or name-calling (verbal bullying); intimidation using gestures or social exclusion (nonverbal bullying or emotional bullying); and sending insulting messages by e-mail (cyberbullying).

There is no one single cause of bullying among children. Rather, individual, family, peer, school, and community factors can place a child or youth at risk for bullying his or her peers.

Effects of bullying

Bullying can be a sign of other serious antisocial and violent behavior. Youth who frequently bully their peers are more likely than others to

- Get into frequent fights,
- Be injured in a fight,
- Vandalize property,
- Steal property,
- Smoke,
- Use illicit substances,
- Be truant from school,
- Drop out of school, and
- Carry a weapon.

Youth who are the targets of bullying behavior may exhibit signs of

- Lower self-esteem,
- Feelings of fear,
- School phobia and absenteeism,
- Nightmares and sleeplessness,
- Depression and anxiety, and
- Thoughts of suicide.

Research that considers the full range of bullying behaviors is finding that bullying in the United States is widespread and its consequences are more enduring than suspected. In a nationally representative survey of school children, nearly 30 percent reported moderate and more frequent involvement in having been bullied, in bullying or both within the school year (Nansel, et al; 2003). Whether they are perpetrators or targets of bullying, these children face difficulties adjusting to their environments, socially and emotionally.

Commitments by professional associations and alliances

Professional associations in health care and safety are firm advocates for change whenever evidence suggests that the well-being of children is imminently at risk. Persuaded by research about the nature and prevalence of bullying, several associations have issued policy directives that

- Instruct primary care providers to be vigilant in detecting signs of bullying behaviors and victimization; and intervene early in situations of peer bullying to limit adverse influences on children (see the American Medical Association 2002 Policy Resolution, the National Association of School Nurses 2003 Issue Brief, and the Medscape Nurses, 2003).
- Describe screening strategies to identify risk factors for violence among youth (e.g., family history and stresses, care and support networks, and reported exposure to or instigation of malicious behavior).
- Recommend appropriate treatment, referral, and management protocols for children exhibiting antisocial and deviant behaviors, including encouraging parents to adopt prevention measures (see American Academy of Pediatrics 1999 Policy Statement).

Challenging new roles in prevention

Early intervention in detecting risky behaviors by young adolescents is an essential starting point. Reversing the behavior patterns of intimidation, exclusion, and bullying that threaten our youth, however, will take more than a case-by-case approach. It will take community-wide strategies and nontraditional approaches to prevention to change cultures that tend to accept, or at least tolerate, such behaviors within peer groups, schools, and communities.

Advocacy and policymaking

- Be proactive in engaging youth in discussions about solutions to bullying; encourage youth-led dialogue and support groups.
- Oversee the implementation of anti-bullying policies and practices to dispel misconceptions about bullying and ineffective practices.
- Take political action to increase resources for prevention and ensure the sustained funding of effective bullying intervention and prevention programs.

Early detection and effective intervention

- Routinely monitor for and intervene quickly when risk factors are evident for children who bully and those who are bullied; ask screening questions during wellness exams and patient visits.

- Convene multidisciplinary, community-based coalitions to improve coordination in the assessment, intake, and referral of children for treatment, counseling, and other community services (see Commission for Prevention of Youth Violence 2000 report).
- Assist parents and caregivers in responding to signs of bullying and in accessing a network of support and resources with attention given to “at-risk” youth.

Community-wide prevention efforts

- Consistently apply discipline codes that are more therapeutic than punitive.
- Make schools, after-school, and youth services programs “safe zones” where children will be assured of adequate adult supervision.
- Support the development of safe school policies and plans that specifically address bullying behaviors and bias-motivated harassment or prejudices.
- Partner with schools to implement comprehensive bullying prevention programs.
- Assist in evaluating the impact of interventions locally and advocate for quality research nationally.
- Promote training and continuing education in bullying prevention strategies in health safety and medical fields and as part of clinical supervision and guidance in teaching programs.

Additional Policy Information and References

The **American Medical Association** issued two policy resolutions, *Bullying Behavior Among Youth* (D-60.993, 2001) and *Bullying Behaviors Among Children and Adolescents* (H-60.943, 2003), that underscore the seriousness of bullying and recommend actions to be taken by AMA, physicians, parents and caretakers, and coalitions interested in addressing bullying. Retrieved August 12, 2005, from <http://www.ama-assn.org/aps> (PolicyFinder)

The **National Association of School Nurses** released an Issue Brief in 2003 about Peer Bullying, which describes the role for school health nurses. Retrieved August 12, 2005, from <http://www.nasn.org/briefs/bullying.htm>

The **Commission for the Prevention of Youth Violence**, consisting of nine of the nation’s largest medical and mental health associations, issued a commitment from medicine, nursing, and public health in a December 2000 report entitled, *Medicine, Nursing, and Public Health: Connecting the dots to prevent violence*. Retrieved August 12, 2005, from <http://www.ama-assn.org/violence>

The **American Academy of Pediatrics**, after a year of study by the Taskforce on Violence, issued a Policy Statement in January 1999 that describes, The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level, found in *Pediatrics* (Volume 103, Number 1, p 173-181). Retrieved August 12, 2005, from <http://www.aap.org/policy/re9832.html>

Muscari, M. (2003). What can I do to help a child who is being bullied? *Medscape for Nurses: Ask the Experts*. Retrieved August 12, 2005, from <http://medscape.com/viewarticle/451381>.

Nansel, T.R., Overpeck, M.D., Haynie, D.L., Ruan, W.J., & Scheidt, P.C. (2003). Relationships between bullying and violence among US youth. *Archives of Pediatric Adolescent Medicine*, 157, 348-353.